

EXHIBIT A

Grant Circuit Court

27C01-2108-CT-000049

COMPLAINT FOR DAMAGES

Douglas E. Sakaguchi of Pfeifer, Morgan & Stesiak, and for her claim for relief, states the following:

1. On or about the 10th day of January, 2021, in Marion, Grant County, Indiana, the Plaintiff, Chloe L. Parker, was a resident at a Group Home, located at 221 N. Washington Street in Marion, Grant County, Indiana.

2. At all relevant times, the Group Home was owned, operated, maintained and/or controlled by the Defendant, Res-Care Inc and/or the Defendant, Community Alternatives Indiana, Inc.

3. While a resident at the Defendants' Group Home, the Plaintiff, Chloe L. Parker, was subjected to non-consensual sexual touching and intercourse, which was committed by another resident at the Defendants' Group Home.

4. The resident who committed the inappropriate contact is identified in subsequent investigative reports as "Client 4" and will be called the same herein.

5. The Defendants, Res-Care Inc and Community Alternatives Indiana, Inc., owed a duty of reasonable care to its customers, invitees and residents, including the Plaintiff, Chloe L. Parker.

6. The Defendants, Res-Care Inc and Community Alternatives Indiana, Inc., by its employees and/or agents, created an environment and opportunity that allowed Client 4 to commit inappropriate acts against the Plaintiff, Chloe L. Parker, which is a failure to use reasonable care.

7. The Defendants, Res-Care Inc and Community Alternatives Indiana, Inc., by its employees and/or agents failed to use reasonable care to provide adequate supervision and a safe environment for the Plaintiff, Chloe L. Parker.

8. The Defendants, Res-Care Inc and Community Alternatives Indiana, Inc., by its employees and/or agents had prior knowledge, actual or constructive, of Client 4's propensity to commit such wrongful acts and failed to take reasonable measures to protect the Plaintiff, Chloe L. Parker, from those wrongful acts.

9. As a direct and proximate result of the carelessness and negligence of the Defendants, Res-Care Inc and Community Alternatives Indiana, Inc., the Plaintiff, Chloe L. Parker, sustained personal injuries and emotional distress, the effects of which may be permanent and lasting, has experienced pain and suffering and may continue to experience pain and suffering in the future, all of which damages are in an amount yet uncertain.

WHEREFORE, the Plaintiff, Chloe L. Parker, by her Guardian, Marc Parker, by counsel, requests judgment against the Defendants, Res-Care Inc and Community Alternatives Indiana, Inc., in an amount that will adequately compensate her for her loss, for costs of this action and for all other just and proper relief.

Respectfully submitted:

/s/ Douglas E. Sakaguchi
Douglas E. Sakaguchi (20352-71)
Attorney for Plaintiff.
PFEIFER, MORGAN & STESIAK
53600 North Ironwood Drive
South Bend, Indiana 46635
Telephone: (574) 272-2870

JURY DEMAND

Plaintiff, by counsel, demand trial by jury.

Respectfully submitted:

/s/ Douglas E. Sakaguchi
Douglas E. Sakaguchi (20352-71)
Attorney for Plaintiff.
PFEIFER, MORGAN & STESIAK
53600 North Ironwood Drive
South Bend, Indiana 46635
Telephone: (574) 272-2870

STATE OF INDIANA)
GRANT COUNTY) SS: IN THE GRANT COUNTY CIRCUIT COURT
CAUSE NO: 27C01-2108-C__ -_____

CHLOE L. PARKER, by her Guardian,
MARC PARKER,
51663 Stoneham Way,
Granger, IN 46530,

Plaintiff,

v.

COMMUNITY ALTERNATIVES INDIANA, INC.,
c/o Corporation Service Company, Registered Agent,
135 North Pennsylvania Street, Suite 1610,
Indianapolis, IN 46204,
and
RES-CARE INC,
c/o Corporation Service Company, Registered Agent,
135 North Pennsylvania Street, Suite 1610,
Indianapolis, IN 46204,

Defendants.

27C01-2108-CT-000049

APPEARANCE FORM (CIVIL)

Initiating Party (XX)

Responding Party ()

1. NAME OR NAMES OF INITIATING/RESPONDING PARTY OR PARTIES:
CHLOE L. PARKER, by her Guardian, MARC PARKER

2. ATTORNEY INFORMATION:

Douglas E. Sakaguchi (20352-71)
PFEIFER, MORGAN & STESIAK
53600 North Ironwood Drive
South Bend, IN 46635
Telephone Number: (574) 272-2870
Fax Number: (574) 271-4329

3. CASE TYPE: CT

4. WILL ACCEPT FAX SERVICE? YES () NO (XX)

5. ARE THERE RELATED CASES? YES () NO (XX)

SUMMONSSTATE OF INDIANA)
) SS:
ST. JOSEPH COUNTY)

IN THE GRANT CIRCUIT COURT

CAUSE NO: 27C01-2108-C ____ - _____

Plaintiff - Names and Addresses**27C01-2108-CT-000049**CHLOE L. PARKER, by her Guardian, MARC PARKER
51663 Stoneham Way
Granger, IN 46530

vs.

Defendant - Names and AddressesRES-CARE INC
c/o Corporation Service Company, Registered Agent
135 North Pennsylvania Street, Suite 1610
Indianapolis, IN 46204**TO THE ABOVE NAMED DEFENDANT OR DEFENDANTS:**

You have been sued by the person(s) named "plaintiff" in the court stated above.

The nature of the suit against you is stated in the complaint which is attached to this summons. It also states the demand which the plaintiff has made and wants from you.

You must answer the complaint in writing, by you or your attorney, within twenty (20) days commencing the day after you receive this summons, (you have twenty-three (23) days to answer if this summons was received by mail), or judgment will be entered against you for what the plaintiff has demanded.

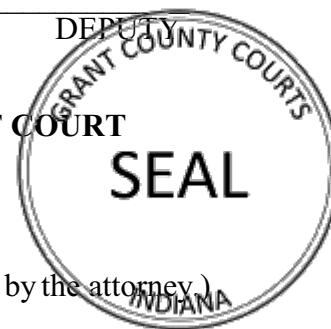
If you have a claim for relief against the plaintiff arising from the same transaction or occurrence, you must assert it in your written answer.

CLERK'S ISSUANCEPamela K Harris
CLERKDATE 8/20/2021, 20 ____.BY: _____
DEPUTY

The following manner of service is hereby designated:

☐ Registered Mail☒ **Certified Mail**☐ By Sheriff as provided by law☐ Other, as follows: _____

(If by mail, stamped addressed envelope with return receipt attached to be furnished by the attorney.)

GRANT COUNTY CIRCUIT COURT
101 E. 4th Street
Marion, IN 46952
Telephone: (765) 668-8121**ATTORNEY FOR PLAINTIFF**Douglas E. Sakaguchi, 53600 N. Ironwood Dr., South Bend, IN 46635 (574) 272-2870**ACKNOWLEDGMENT OF SERVICE OF SUMMONS**

A copy of the above summons and a copy of the complaint attached thereto was received by me at _____ this _____ day of _____, 20 ____.

Signature of Defendant

RETURN OF SUMMONS

Certificate of Mailing

I hereby certify that on the _____ day of _____, 20____, I mailed a copy of this Summons and a copy of the Complaint to each of the defendant(s)

_____ by (registered or certified) mail requesting a return receipt signed by the addressee only addressed to each of said defendant(s) _____ at the address(s) furnished by the plaintiff.

DATE _____, 20____. BY: _____
CLERK
DEPUTY

RETURN OF SERVICES OF SUMMONS BY MAIL

I hereby certify that service of Summons with return receipt requested was mailed on the _____ day of _____, 20____, and that a copy of return receipt was received on the _____ day of _____, 20____, which copy is attached herewith.

DATE _____, 20____. BY _____
CLERK
DEPUTY

CERTIFICATE OF CLERK OF SUMMONS NOT ACCEPTED BY MAIL

I hereby certify that on the _____ day of _____, 20____, I mailed a copy of this Summons and a copy of the Complaint to the defendant(s) _____

_____ by (registered or certified) mail and the same was returned without acceptance this _____ day of _____, 20____ and I did deliver said Summons and a copy of Complaint to the Sheriff of Grant County, Indiana.

DATE _____, 20____. BY _____
CLERK
DEPUTY

RETURN BY SHERIFF OR OTHER PERSON OF SUMMONS

I hereby certify that I have served the within Summons:

1. By delivering on the _____ day of _____, 20____, a copy of Summons and a copy of the Complaint to each of the following defendants: _____

2. By leaving on the _____ day of _____, 20____, for each of the within named defendants: _____

3. _____ and by mailing a copy of the Summons without the Complaint to _____ at _____ the last known address of defendant(s).

4. This Summons came to hand this _____ day of _____, 20____.

The within named _____ was not found in my

bailiwick this _____ day of _____, 20____.

MILEAGE \$ _____

FEES \$ _____

TOTAL \$ _____

BY _____, SHERIFF
DEPUTY

SUMMONSSTATE OF INDIANA)
) SS:
ST. JOSEPH COUNTY)

IN THE GRANT CIRCUIT COURT

CAUSE NO: 27C01-2108-C ____ - ____

Plaintiff - Names and Addresses**27C01-2108-CT-000049**CHLOE L. PARKER, by her Guardian, MARC PARKER
51663 Stoneham Way
Granger, IN 46530

vs.

Defendant - Names and AddressesCOMMUNITY ALTERNATIVES INDIANA, INC.
c/o Corporation Service Company, Registered Agent
135 North Pennsylvania Street, Suite 1610
Indianapolis, IN 46204**TO THE ABOVE NAMED DEFENDANT OR DEFENDANTS:**

You have been sued by the person(s) named "plaintiff" in the court stated above.

The nature of the suit against you is stated in the complaint which is attached to this summons. It also states the demand which the plaintiff has made and wants from you.

You must answer the complaint in writing, by you or your attorney, within twenty (20) days commencing the day after you receive this summons, (you have twenty-three (23) days to answer if this summons was received by mail), or judgment will be entered against you for what the plaintiff has demanded.

If you have a claim for relief against the plaintiff arising from the same transaction or occurrence, you must assert it in your written answer.

CLERK'S ISSUANCEDATE 8/20/2021, 20__.Pamela K Harris
CLERKBY: _____
DEPUTY

The following manner of service is hereby designated:

☐ Registered Mail☒ **Certified Mail**☐ By Sheriff as provided by law☐ Other, as follows: _____

(If by mail, stamped addressed envelope with return receipt attached to be furnished by the attorney.)

GRANT COUNTY CIRCUIT COURT
101 E. 4th Street
Marion, IN 46952
Telephone: (765) 668-8121**ATTORNEY FOR PLAINTIFF**Douglas E. Sakaguchi, 53600 N. Ironwood Dr., South Bend, IN 46635 (574) 272-2870**ACKNOWLEDGMENT OF SERVICE OF SUMMONS**

A copy of the above summons and a copy of the complaint attached thereto was received by me at _____ this _____ day of _____, 20__.

Signature of Defendant

RETURN OF SUMMONS

Certificate of Mailing

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by (registered or certified) mail requesting a return receipt signed by the addressee only addressed to each of said defendant(s) _____ at the address(s) furnished by the plaintiff.

DATE _____, 20____. BY: _____ CLERK
DEPUTY

RETURN OF SERVICES OF SUMMONS BY MAIL

I hereby certify that service of Summons with return receipt requested was mailed on the _____ day of _____, 20____, and that a copy of return receipt was received on the _____ day of _____, 20____, which copy is attached herewith.

DATE _____, 20____. BY _____ CLERK
DEPUTY

CERTIFICATE OF CLERK OF SUMMONS NOT ACCEPTED BY MAIL

I hereby certify that on the _____ day of _____, 20____, I mailed a copy of this Summons and a copy of the Complaint to the defendant(s) _____

by (registered or certified) mail and the same was returned without acceptance this _____ day of _____, 20____ and I did deliver said Summons and a copy of Complaint to the Sheriff of Grant County, Indiana.

DATE _____, 20____. BY _____ CLERK
DEPUTY

RETURN BY SHERIFF OR OTHER PERSON OF SUMMONS

I hereby certify that I have served the within Summons:

1. By delivering on the _____ day of _____, 20____, a copy of Summons and a copy of the Complaint to each of the following defendants: _____

2. By leaving on the _____ day of _____, 20____, for each of the within named defendants: _____

3. _____ and by mailing a copy of the Summons without the Complaint to _____ at _____ the last known address of defendant(s).

4. This Summons came to hand this _____ day of _____, 20____.

The within named _____ was not found in my

bailiwick this _____ day of _____, 20____.

MILEAGE \$ _____

FEES \$ _____

TOTAL \$ _____

BY _____, SHERIFF
DEPUTY